



U.S. Department of Justice

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For Immediate Release:

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EVENT: Civil Settlement

Defendant: Mark Miller

**CFO PAYS \$1,000,000 TO SETTLE
FALSE CLAIMS SUIT ALLEGING HEALTH CARE FRAUD**

A Fenton accountant has paid \$1,000,000 to settle allegations that he participated in double billing Medicare for costs associated with the delivery of physical, occupational and speech therapy services during his tenure as a financial officer of Rehabilitation Specialists of Livingston County, United States Attorney Stephen J. Murphy announced today.

The former Chief Financial Officer, Mark Miller, 44, settled a civil lawsuit filed under the False Claims Act, which allows the government to recover three times the amount of fraud. The U.S. Attorney was joined in the announcement by John Heneberg, Assistant Attorney General, Civil Division, Department of Justice, FBI Special Agent in Charge Daniel D. Roberts and Thomas Spokaeski, Assistant Special Agent in Charge, HHS-OIG.

U.S. Attorney Murphy said: "This settlement demonstrates my office's determination to recover funds fraudulently billed to Medicare. With the rising cost of health care and the related pressure on the Medicare Trust Fund, the last thing our nation can afford is individuals who are profiteering at the expense of elderly patients."

The civil settlement resolves allegations against Miller arising from a lawsuit filed under the qui tam or whistle blower provisions of the False Claims Act, a federal law that allows private individuals, known as relators, to sue on behalf of the government. The suit was filed under seal on October 3, 2000 by Robert Baker, a former employee of the outpatient rehabilitation clinic.

Under the False Claims Act, whistle blower lawsuits are filed under seal to allow the government an opportunity to investigate the allegations and decide whether to take an active role in the litigation. After a thorough investigation of the allegations, the United States intervened in the civil case on February 15, 2006 and filed its amended complaint on July 13, 2006, against a number of defendants, including Michigan Allied Health Professionals (MAHP), Rehabilitation Specialists of Livingston County, Rehabilitation Specialists of Macomb County, Bradley Putvin, and Vickey DeYoung. This matter is currently pending before Judge O'Meara in federal court.

Under the False Claims Act, a whistle blower can receive between 15 and 25 percent of the government's recovery in a case that the government joins. Baker will be awarded a share of the settlement.

The civil settlement covers conduct that the government contends resulted from the defendants receiving Medicare payments that they were not entitled to receive, including:

- For the year 1997, billing Medicare for services provided by MAHP employees at Autumn Woods Nursing Home when such services were already paid for by Autumn Woods and the Medicare Program.
- For the year 1997, billing Medicare for services provided by In Home Therapies, Inc. assigned employees when such services were already paid for by other providers and the Medicare Program.
- Manipulation of information included on Rehabilitation Specialists' 1997 Medicare Cost Report fraudulently misstating patient charges which resulted in Medicare paying a

higher percentage of Rehabilitation Specialist's costs than they were entitled.

There are a number of additional allegations in the remaining suit against the other defendants.

Murphy thanked the FBI and the Department of Human Services, Office of Inspector General for their investigation of the case. The United States was represented in the civil case by Assistant United States Attorney Leslie Matuja Wizner whom Murphy also thanked for her hard work on the case.

The lawsuit is filed as U.S. ex rel. Robert Baker v. Michigan Allied Health Professionals, Inc., Rehabilitation Specialists of Livingston County, Inc., et. al., CV-00-74410 (E.D. Mich.).